FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Washer Greg						2. Issuer Name and Ticker or Trading Symbol CONSUMER PORTFOLIO SERVICES,								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					IN	INC. [CPSS]								X Director			10% O		
(Last) (First) (Middle) 3800 HOWARD HUGHES PARKWAY, SUITE 1400						3. Date of Earliest Transaction (Month/Day/Year) 05/02/2023								Officer below)	Officer (give title below)		Other (below)	specify	
						f Ame	ndme	nt, Date o	of Origina	al File	d (Month/Da	6. Ir	6. Individual or Joint/Group Filing (Check Applicable						
(Street)													- 1	,	led by Or	ne Repo	rting Perso	n	
LAS VE	GAS 1	IV	89169		_									Form filed by More than One Reporting Person					
(City)	(State)	(Zip)		Ri	Rule 10b5-1(c) Transaction Indication													
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											d to				
		Tak	ole I - No	n-Deriv	vativ	e Se	curit	ies Ac	quired	, Dis	sposed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			Transaction Disp		Disposed	rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Common Stock, no par value 05/02/2					/2023	2023			М		40,000	A	\$7.97	316,	316,000		D		
Common Stock, no par value 05/02/2				/2023	2023			F ⁽¹⁾		30,019	D	\$10.62	285,	285,981		D			
Common Stock, no par value												106,803				See cootnote ⁽²⁾			
		-	Table II -								osed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,		ransaction Code (Instr.				6. Date Exercis Expiration Dat (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact (Instr. 4)	re es ally ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$7.97	05/02/2023			M			40,000	11/07/20	013	05/07/2023	Common Stock, No Par Value	40,000	(3)	0		D		

Explanation of Responses:

- 1. Represents a "net exercise" of outstanding stock options. The reporting person received 9,981 shares of common stock on net exercise of option to purchase 40,000 shares of common stock. The reporting person forfeited 30,019 shares of common stock underlying the option in payment of the exercise prices, using the closing stock price on May 2, 2023 of \$10.62 per share.
- 2. All shares held in a Simplified Employer Pension Account.
- 3. Issued in consideration of the named person's services to the issuer.

/s/ Greg Washer 05/04/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.